

FILED MAR 2 1951

STANDARD CERTIFICATE OF DEATH

6628

State File No. 1530

318

1003

1530

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri, b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2239

d. FULL NAME OF HOSPITAL OR INSTITUTION 2009 Oregon Ave.,

2d. STREET ADDRESS (If rural, give location) 2009 Oregon Ave., 0

3. NAME OF DECEASED a. (First) Otto b. (Middle) William c. (Last) Schroeder,

4. DATE OF DEATH (Month) (Day) (Year) February 12, 1951

5. SEX Male, 0

6. COLOR OR RACE White,

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 2

8. DATE OF BIRTH March 11, 1888

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Worker,

10b. KIND OF BUSINESS OR INDUSTRY Spencer-Kellogg & Sons,

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Schroeder,

13b. MOTHER'S MAIDEN NAME Karoline Jannisch,

14. NAME OF HUSBAND OR WIFE Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 488-10-9157

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry M. Schroeder, 2009 Oregon Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial collapse
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage to take analysis
DUE TO (c) Coughing & Cold.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. KIND OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 331X

22. I hereby certify that I attended the deceased from 12/19/50, 19, to 2/12, 1951, that I last saw the deceased alive on 2/12/51, and that death occurred at 7:55P.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. L. O. David M.D. (Degree or title)

23b. ADDRESS 2919 So. Kingshighway

23c. DATE SIGNED 2/13/51

24a. BURYAL, CREMATION, REMOVAL (Specify) Burial, 0

24b. DATE 2/15/51

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemeter,

24d. LOCATION (City, town, or county) (State) St. Louis, 9, Mo.

DATE REC'D BY LOCAL REG. FEB 15 1951

REGISTRAR'S SIGNATURE J. B. Lacater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,

(Licensed Embalmer's Statement on Reverse Side) St. Louis, 18, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No.....

Signed..... *Joe B. Benz*

Signed.....

Student Embalmer

Licensed Embalmer No. 4219

2842 Meramec St.,

P. O. Address St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.